

SERFF Tracking Number:	CARC-125932391	State:	Arkansas
Filing Company:	Carolina Casualty Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	CCIC/AR/PIP/03/09		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0004 Truckers
Product Name:	CCIC/AR/PIP/03/09		
Project Name/Number:	/		

Filing at a Glance

Company: Carolina Casualty Insurance Company

Product Name: CCIC/AR/PIP/03/09

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0004 Truckers

SERFF Tr Num: CARC-125932391 State: Arkansas

SERFF Status: Closed

Co Tr Num: CCIC/AR/PIP/03/09

State Tr Num: EFT \$50

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Author: Dorothy Dobbs, MANAGER Disposition Date: 12/04/2008

Date Submitted: 12/04/2008

Disposition Status: Approved

Effective Date Requested (New): 03/01/2009

Effective Date (New): 03/01/2009

Effective Date Requested (Renewal): 04/01/2009

Effective Date (Renewal):

04/01/2009

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Domicile Status Comments: IOWA DOES NOT
NEED THIS PIP ARKANSAS ENDORSEMENT

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 12/04/2008

State Status Changed: 12/04/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

CTP 5700 HAS BEEN REVISED TO INCLUDE MEDICAL EXPENSE FOR SELECT / REJECT

Company and Contact

Filing Contact Information

SERFF Tracking Number:	CARC-125932391	State:	Arkansas
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Dorothy Dobbs, Senior Analyst	ddobbs@carolinacas.com
P O BOX 2575	(800) 874-8053 [Phone]
Jacksonville, FL 32203	(904) 363-7276[FAX]

Filing Company Information

Carolina Casualty Insurance Company	CoCode: 10510	State of Domicile: Iowa
4600 TOUCHTON RD E	Group Code: 98	Company Type: PROPERTY & CASUALTY
BLDG 100, SUITE 400		
Jacksonville, FL 32246	Group Name:	State ID Number:
(904) 363-0900 ext. 8070[Phone]	FEIN Number: 59-0733942	

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: FEE REQUIRED FOR A FORM FILING IN THE STATE OF ARKANSAS
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Carolina Casualty Insurance Company	\$50.00	12/04/2008	24328749

<i>SERFF Tracking Number:</i>	<i>CARC-125932391</i>	<i>State:</i>	<i>Arkansas</i>
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/04/2008	12/04/2008

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Disposition

Disposition Date: 12/04/2008

Effective Date (New): 03/01/2009

Effective Date (Renewal): 04/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	CARC-125932391	State:	Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	AR PERSONAL INJURY PROTECTION SELECT OR REJECT	Approved	Yes

SERFF Tracking Number:	CARC-125932391	State:	Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	AR PERSONAL INJURY PROTECTION SELECT OR REJECT	CTP 5700	03/09	Endorsement/Amendment/Conditions Replaced	Replaced Form #: CTP 5700 (04/06) Previous Filing #:		CTP5700 DD_03 09_.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ARKANSAS PERSONAL INJURY PROTECTION SELECT OR REJECT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE
GARAGE COVERAGE
MOTOR CARRIER COVERAGE
TRUCKERS COVERAGE

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:	
Policy Number:	Endorsement Effective:

(Authorized Representative)

APPLICATION: Medical Expense Benefits, Accidental Death Benefit and Work Loss are available to the following:

1. A private passenger type auto not used as a public or livery conveyance;
2. A pickup, panel truck or sedan delivery not customarily used for business purposes;
3. A motorcycle, motorscooter, motorbike or similar auto not used as a public or livery conveyance

☐ I select Medical Expenses Benefits, \$_____ each person.

☐ I reject Medical Expense Benefits.

☐ I select Personal Injury Protection Accidental Death Benefits.

☐ I reject Personal Injury Protection Accidental Death Benefits.

☐ I select Personal Injury Protection Work Loss Coverage.

☐ I reject Personal Injury Protection Work Loss Coverage.

Signature of Named Insured

Date

Signature of Named Insured

Date

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Approved	12/04/2008

Comments:

CTP 5700 HAS BEEN REVISED TO INCLUDE MEDICAL EXPENSE - RATES FOR THIS COVERAGE WAS PREVIOUSLY FILED AND APPROVED. WE ARE MAKING THIS CHANGE TO IMPROVE OUR NEW RATING AND POLICY ISSUANCE SYSTEM.

Attachments:

AR NAIC-TransmittalForm_12-08_.pdf
AR CTP5700 030109.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	W.R. Berkley Corporation				Group NAIC #	098
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Carolina Casualty Insurance Company	IOWA	10510	59-0733942			

5. Company Tracking Number	CCIC/AR/PIP/03/09
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
DOROTHY DOBBS	MANAGER	(800) 874-8053	(904) 363-7276	ddobbs@carolinacas.com

7. Signature of authorized filer	
8. Please print name of authorized filer	DOROTHY DOBBS

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Commercial Auto
10. Sub-Type of Insurance (Sub-TOI)	Trucks
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 03/01/09 Renewal: 04/01/09
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	11/20/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	CCIC/AR/PIP/03/09
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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CAROLINA CASUALTY IS FILING A REVISED FORM CTP 5700 (03/09), ""Arkansas Personal Injury Protection Select / Reject. We have added a select/reject line for Medical Expenses.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: Amount: \$50.00 EFT</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	CCIC/AR/PIP/03/09
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	NOT APPLICABLE

3.	FORM NAME/DESCRIPTION	FORM #, ED DATE	REPLACEMENT OR WITHDRAWN	FORM # & EDITION
	1. ARKANSAS PERSONAL INJURY PROTECTION SELECT OR REJECT	CTP 5700(03/09)	REPLACEMENT FORM	CTP 5700(04/06)